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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of 60/482,775 06/27/2003
 and claims benefit of 60/503,546 09/17/2003
 and claims benefit of 60/518,317 11/10/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ICELAND	SHEETS DRAWING 10	TOTAL CLAIMS 20 23	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>DR</i> Allowance	<i>MJL</i>			
Verified and Acknowledged <i>DR</i> Examiner's Signature	Initials			

ADDRESS23364 *DR* *kcl***TITLE**

Wound dressing

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